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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

	Application Number	09/182,842
	Filing Date	10/29/98
	First Named Inventor	Behl
	Group Art Unit	2839
	Examiner Name	Not Assigned
Total Number of Pages in This Submission	6	Attorney Docket Number

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>  <input type="checkbox"/> Return Postcard <input type="checkbox"/> Declaration <input type="checkbox"/> Fee \$445 <input type="checkbox"/> Copy of Missing Parts <input type="checkbox"/> Notice
Remarks		
Filing fee is \$380 per new fee schedule.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kevin H. Fortin	
Signature		
Date	January 16, 1999	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: January 16, 1999

Typed or printed name	Kevin H. Fortin, Esq.
Signature	
Date	January 16, 1999

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.TOTAL AMOUNT OF PAYMENT (\$)  
**445****Complete if Known**

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First Named Inventor	Behl
Examiner Name	Not Assigned
Group / Art Unit	2839
Attorney Docket No.	Behl1318

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17       Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check     Money Order     Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	790	201 395 Utility filing fee	380
106	330	206 165 Design filing fee	
107	540	207 270 Plant filing fee	
108	790	208 395 Reissue filing fee	
114	150	214 75 Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b> 380	

**2. EXTRA CLAIM FEES**

Total Claims	-20**	=	Extra Claims	X	Fee from below	Fee Paid
Independent Claims	- 3**	=		X		
Multiple Dependent		=				

\*\*or number previously paid, if greater; For Reissues, see below

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	22	203 11 Claims in excess of 20
102	82	202 41 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	82	209 41 ** Reissue independent claims over original patent
110	22	210 11 ** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>

**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	65
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	950	217 475 Extension for reply within third month	
118	1,510	218 755 Extension for reply within fourth month	
128	2,060	228 1,030 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,320	241 660 Petition to revive - unintentional	
142	1,320	242 660 Utility issue fee (or reissue)	
143	450	243 225 Design issue fee	
144	670	244 335 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	790	246 395 Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249 395 For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
* Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3)</b>	<b>(\$)</b> 65

**SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	Kevin H. Fortin, Esq.	Reg. Number	35,140
Signature	<i>Kevin H. Fortin</i>	Date	1/16/99

Deposit Account User ID

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